

**DRAFT \* MARINE MAMMAL STRANDING REPORT - LEVEL A DATA \* DRAFT**

FIELD #: \_\_\_\_\_ NMFS REGIONAL #: \_\_\_\_\_ NATIONAL DATABASE#: \_\_\_\_\_  
(NMFS USE) (NMFS USE)

COMMON NAME: \_\_\_\_\_ GENUS: \_\_\_\_\_ SPECIES: \_\_\_\_\_

EXAMINER Letterholder: \_\_\_\_\_

Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>LOCATION</b> State: _____ County: _____ City: _____ Ocean: _____ Locality Details: _____ _____ _____ Latitude: _____ N Longitude: _____ W How determined: <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Computer <input type="checkbox"/> Estimated	<b>OCCURRENCE DETAILS</b> Group Event: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Type of Group Event: <input type="checkbox"/> Cow/Calf Pair <input type="checkbox"/> Hazmat or Oil Spill <input type="checkbox"/> Pre-Event Investigation <input type="checkbox"/> Unusual Mortality Event <input type="checkbox"/> Repeat Event <input type="checkbox"/> Mass Stranding # Animals: _____ <input type="checkbox"/> actual <input type="checkbox"/> estimated Signs of Human Interaction: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could not be Determined (CBD) If Yes, Check one or more: <input type="checkbox"/> 1. Boat Collision <input type="checkbox"/> 3. Fishery Interaction <input type="checkbox"/> 2. Shot <input type="checkbox"/> 4. Other Human Interaction: _____ How determined: <input type="checkbox"/> External Exam <input type="checkbox"/> Internal Exam <input type="checkbox"/> Not Examined Other Causes: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CBD Describe: _____																								
<div style="display: flex; justify-content: space-between;"><div><b>DATE OF INITIAL OBSERVATION</b> Year: _____ Month: _____ Day: _____ First Observed: <input type="checkbox"/> Beach or Land <input type="checkbox"/> Floating <input type="checkbox"/> Swimming <b>STATUS</b> (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Dead - Condition unknown</div><div><b>DATE OF EXAMINATION (LEVEL A)</b> <input type="checkbox"/> Not Able to Examine Year: _____ Month: _____ Day: _____ <b>CONDITION</b> (Check ONE) <input type="checkbox"/> 1. Alive <input type="checkbox"/> 4. Advanced decomposition <input type="checkbox"/> 2. Fresh dead <input type="checkbox"/> 5. Mummified/Skeletal <input type="checkbox"/> 3. Moderate decomposition <input type="checkbox"/> 6. Dead - Condition unknown</div></div>																									
<b>INITIAL LIVE ANIMAL DISPOSITION</b> (Check one or more) <input type="checkbox"/> 1. Left at Site <input type="checkbox"/> 5. Euthanized at Site <input type="checkbox"/> 2. Immediate Release at Site <input type="checkbox"/> 6. Died at Site <input type="checkbox"/> 3. Relocated <input type="checkbox"/> 7. Transferred to Rehabilitation <input type="checkbox"/> 4. Disentangled <input type="checkbox"/> 8. Died during Transport <input type="checkbox"/> 9. Other  <b>CONDITION</b> (Check ONE) <input type="checkbox"/> 1. Sick <input type="checkbox"/> 3. Apparently Healthy <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Injured <input type="checkbox"/> 4. Out of Habitat Date: _____ Rehabilitation Facility: _____ Comments: _____ _____	<b>MORPHOLOGICAL DATA</b> <div style="display: flex; justify-content: space-between;"><div><b>SEX</b> (Check ONE) <input type="checkbox"/> 1. Male <input type="checkbox"/> 3. Unknown <input type="checkbox"/> 2. Female</div><div><b>AGE CLASS</b> (Check ONE) <input type="checkbox"/> 1. Adult <input type="checkbox"/> 5. Fetus <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 6. Neonate <input type="checkbox"/> 3. Yearling <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 4. Pup/Calf</div></div> Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimated Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimated  <b>PHOTOS/VIDEOS TAKEN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Disposition: _____ _____																								
<b>TAG DATA</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>ID #</th><th>Color</th><th>Type</th><th>* Placement (Circle ONE)</th><th>Applied</th><th>Present</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td><td>D DF L LF LR RF RR</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>D DF L LF LR RF RR</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>D DF L LF LR RF RR</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> <p><small>* D = Dorsal; DF= Dorsal Fin; L = Lateral Body LF=Left Front; LR = Left Rear; RF = Right Front; RR = Right Rear</small></p>	ID #	Color	Type	* Placement (Circle ONE)	Applied	Present	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<b>WHOLE CARCASS DISPOSAL</b> (Check one or more) <input type="checkbox"/> 1. Left at site <input type="checkbox"/> 4. Rendered <input type="checkbox"/> 7. Unknown <input type="checkbox"/> 2. Buried <input type="checkbox"/> 5. Sunk <input type="checkbox"/> 3. Towed <input type="checkbox"/> 6. Frozen for Later Examination  <b>SPECIMEN DISPOSITION</b> (Check one or more) <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input type="checkbox"/> 3. Other: _____ Comments: _____ _____  <b>NECROPSIED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ <b>NECROPSIED BY:</b> _____
ID #	Color	Type	* Placement (Circle ONE)	Applied	Present																				
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				

ADDITIONAL IDENTIFIER: \_\_\_\_\_

[illegible]

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE LEVEL A DATA SHEET WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE.

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND TO, NOR SHALL ANY PERSON BE SUBJECT TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.

